RECORD	PHYSICIANS st of OCCUPATI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI important. See instructions on back of certificate.
UNFADING	carefully supplied that it may be certificate.
WRITE PLAINLY, WITH	item of information should be OF DEATH in plain terms, so int. See instructions on back of
	Every   CAUSE Importa

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hould No

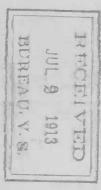
STATE OF MARYLAND 1 PLACE OF DEATH 8454 CERTIFICATE OF DEATH County Micomici Registration Dist. No. 333 Ilf death occurred in Village or City C a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. (Month) OROIVORCED (Write the word) LHEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at t day, .... hrs. was as lollows: min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER .. (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARI TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. .... ds Where was disease contracted. 14 THE ABOVE IS TR If not at place of death? Former or usuai residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necgainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal scottichae mus," "Old Age," "Shock," 'Traemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Never report Examples:



PLACE OF DEATH

8. No. 1.

PLACE OF DEATH 8455	STATE OF MARYLAND
11. 0. 00	CERTIFICATE OF DEATH
Gounty County County	Registration Dist. No. 333
Village or City Salulung (No.	Ward)  [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Infant of &	lizebelh sinwood of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINCLE,	16 DATE OF DEATH 6 - 18 1013
Mall Q. G. (WIDOWED, OR DIVORCED WITH WORD)	(Month) (Day) (Year)
PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on 191
7 AGE If LESS than	and that death occurred on the date stated above, at
✓ 1 day,hrs. oRmin.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, protession, or particular kind of work	prom months
(b) General nature of Industry, business, or establishment in which employed (or employer)	. (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER . O. L.	(Signed) (Ouration) yrs mos ds.
11 BIRTHPLACE	me /8 (191 3. (Address) Solisbury, mg
OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Alegabeth frances	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Okegelielh General	Former or usual residence.
(Address) Cleaner St Seleberry May	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File from 18 1913 N P Junton	Muslim Centary Jene 19, 191.3
REGISTRAR	& J. Roberts Salis bury, Jud
If more blanks are needed, address State Registrat	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (e)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measics; Whooping cough; Chronical ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 de. (name origin; "Can The nature of the "Exhaustion," Never report Examples: cause for For vio-



PHYSICIANS should state of OCCUPATION IS very

properly classified. Exact statement

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AGE

of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate.

CAUSE OF I

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RECORD

PERMANENT stated EXACTLY.

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

1 PLACE OF DEATH

8456

#### STATE OF MARYLAND

Cou	nty Maconico 154	CERTIFICATE OF DEATH
Cou	They constructed the state of t	Registration Dist. No. 330
	N (-11)	Registration Dist, No.
Villa	age or City / Aralla (No	St.; Ward) [If death occurred in
		a hospital or Institution, give its NAME Instead
	Ill an such !	ot street and number.]
	FULL NAME	and the same of th
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A MARRIED /// A A A	18 DATE OF DEATH
to	WIDOWED, MUNICIPALITY ORDIVORCED	(Month) (Day (Year)
191	White the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	, 191, to, 191
	(My. 22, 1830	20/
	(Mouth) (Day (Year)	that I last saw h. Mallve on Mul
TAG	E It LESS than	and that death occurred on the date stated above, at
	(02) 1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs mos ds. OR min.?	0 0 1/1/1.1
	Trade, profession, or	Chenolas & John t. t.
	icular kind of work.	The hard better the hard better the first of the formation of the second
	General nature of Industry,	
busir	ness, or establishment in hemployed (or employer)	(Duration) yrsmosds.
		Contributory
- (	State or country)	Secondary
	10 NAME OF	(Duration) yrs mos ds.
	FATHER LODIAL MAINON	(Signed) 17.00 ounaway M.D.
S	11 BIRTHPLACE	Some 2, 191 3 (Address) Advisor
보	OF FATHER (State or country)	7
ARENT	- Law WV	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	12 MAIDEN NAME OF MOTHER	
Ω.	Margret Valuery	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country) / Clawar	of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(1	informant) / illiam st. Klesch	Former or
(	MI Alla Ma	usual residence
	(Address). / IAMILL & Jamegs	19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Maralla sprugs Jane 3, 1913
File	d191	20 UNDERTAKER) ADDRESS
- 110	REGISTRAR	XM/ W. gravenout ( Visa & Careton

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatemeut. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can which surgleal operation was undertakeu. For viomia," "Puerrebal peritonitis," etc. childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valendar heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The unture of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." injury, as fracture of skull, and cousequeuces (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing (Recommendations on statement of may be stated under the head of death), State cause for "Exhaustion," Never report ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dark is essential and must be obtained before the certificate is permanently filed.

JUL 7 1913

BURDAU, V. S.

SEP 5 1913 BUREAU, V.S.

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8457 CERTIFICATE OF DEATH PHYSICIANS show Registration Dist. No. If death occurred in a hospital or Institution, RECORD give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS RMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO. ORDIVORCEO (Write the word) Exact I HEREBY CERTIFY. That I attended decea STATE OF BIRTH 1913, to. classified. <u>m</u> (Month) (Day) (Year) 0 TAGE If LESS than and that death occurred on the date stated above, at D 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: min. ? properly BOCCUPATION 5 (a) Trade, profession, or particular kind of work (b) General nature of industry, pe business, or establishment in suppil (Duration) may which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) certifica sglad TONG that 10 NAME OF (Signed) jo pe back 11 BIRTHPLACE (Address) terms. RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain K OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. of infor (State or country) State yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or 9 mportant. Every H PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS m REGISTRAF ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of ili-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman; (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; here f the nature of the husiness or industry, and therefore and the essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst ilne will he sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic, cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc... Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V. S.

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SICIANS should OCCUPATION IS

STATE OF MARYLAND 8458 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in (No. St.:....Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH 1913 to that I last saw h. ... alive on. (Month) (Day) if LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR .... min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) .....yrs..... mos. L.O. ds. 10 NAME OF FATHER (Signed) S ., 191.6. 11 BIRTHPLACE (Address) -OF FATHER (State or country) EN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 04 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. mos. .... ds. State ..... yrs, \_\_\_\_ mos. .... Where was disease contracted. 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURDAV OR REMOVAL DATE OF BURIAL 16 .., 191 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

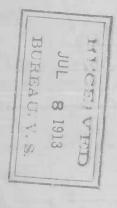
well areas

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-("nal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore ar first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the piscase Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second It should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation -- Precise statement of occupa-Spinner, engineer, Stationary freman, etc. But in many If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, As examples: The question For persons

Statement of cause of death—Name, first, the disease causing death—(the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. which surgleal operation was undertaken. For viochildbirth or miscarriage. as "I'UIBPERAL schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." ture of the American Medical Association.) "Contributory." sepsis, tetunus) Injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nepartitis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of -Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from Measles (disease eausing "Senile." ctc.), (Recommendations on statement of may be stated under the head (merely symptomatic), "Atrophy," "Dropsy," "Exhaustion," "Tracmla," "Weakness," (name origin; "Can death), 29 ds. State cause for Examples:



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 33.3 arsens Dist. lif death occurred in a hospital or Institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE AN WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) VAGE If LESS than and that death occurred on the date stated above, at 4 . m. חק cla 1 day, ... hrs. Property cla HIS DEATH \* was as follows: BOCCUPATION O (a) Trade, profession, or particular kind of work .. Z (b) General nature of industry, pe O business, or establishment in (Duration) ADIN which employed (or employer) ..... Contributory .... (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed).... S 11 BIRTHPLACE FNT \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL, Or HOMICIDAL. 04 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Δ. OR RECENT RESIDENTS) ATH In 13 BIRTHPLACE At place OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. .... ds (State or country) Vicomico Where was disease contracted. If not at place of death? See ш of DE OF CAUSE OF Important. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADORESS m If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal scptichae cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) "Contributory." dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always quality all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Convultions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 fit death occurred in a hospital or institution, give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WICOWEO, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased 8 DATE OF BIRTH ..., 1913 (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH OR ..... min. ? mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Deneral nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0. 13 BIRTHPLACE At place OF MOTHER (State or country) of death If not at place of usuai residence DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not pald Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-('0a) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 8461 CERTIFICATE OF DEATH Registration Dist. No. 334 Ilf death occurred in a hospital or institution, give its NAME instead at street and oumber. ] 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WICOWED. (Month) (Write the word) (Day) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day) If LESS than 7 AGE f day .....hrs. mours. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind at work. (b) General nature of industry, business, or establishment in which employed (or employer) ---Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country) State Where was disease contracted. TO THE BEST OF If not at place of death? Former or usual residence DATE OF BURIAL 15 191.7 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who reccive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease death of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purpresal scottchacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "A" affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition." "Maras Bronchopneumonia (secondary). 10 ds. ampie: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can "Exhaustion," Never report Examples: cause for For vio-68.



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[Approved by U. S. Census and American Public Health Association.]

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of lli-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Munager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. . been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-, etc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yis.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness." "Heart failure," "Haemorrhage," "hanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhanstlon," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permangify filed.

BUREAU, V. S.

SEP 18 1913
BUREAU, V.S.

s. S. deatherth

0 > 1	PLACE OF DEATH	STATE OF MARYLAND
ould state N is very	County Theornice 8464	CERTIFICATE OF DEATH  Registered No.
ECORD  TYSICIANS should occupation is	Village or City Mardela (No. 2)	St; Ward)  [It death occurred to a hospital or institution, give its NAME lostead et street and nomber.]
200	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANENT EXACTLY. statement	3 SEX Fernal 4 COLOR OR RACE MARRIED, Married WIDOWED, (WITH the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
PERM. Stated E)	6 DATE OF BIRTH  (Month) (Day) (Year)	Dec 20 , 191 Z, to June 3 , 191 3, that I last aaw h & allve on Low 3 , 191 2
HIS IS A should be s	7 AGE   (Month) (Day) (Teal)  1 t LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 10 Pm, The CAUSE OF DEATH* was as follows:
WRITE PLAINLY, WITH UNFADING INK—THI EVERY Item of Information should be carefully supplied. AGE si CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.	(a) Trade, profession, or particular kind of work  (b) Beneral nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  COFFATHER  COFFATHER  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  16  MAIDEN MANGE OF MY KNOWLEDGE  (Address)  MAIDEN AGE OF MOTHER  (Address)	Contributory ( Liennic Gart 1 )  (Secondary)  (Deration) 2 yrs 5 mos 6s.  (Signed) 4 Color of Cart 1 )  (Secondary)  (Deration) 2 yrs 5 mos 6s.  (Signed) 4 Color of Cart 1 )  (Secondary)  (Deration) 2 yrs 5 mos 6s.  (Signed) 4 Color of Cart 1 )  (Secondary)  (Deration) 2 yrs 5 mos 6s.  (Signed) 4 Color of Cart 1 )  (Secondary)  (Deration) 2 yrs 5 mos 6s.  (Signed) 4 Color of Cart 1 )  (Secondary) 6 color of Cart 1 )  (Signed) 4 Color of Cart 1 )  (Secondary) 6 color of Cart 1 )  (Secondary) 7 color of Cart 1 )  (Secondary) 6 color of Cart 1 )  (Secondary) 7 color of Cart 1 )  (Secondary)
N. W. N. W.	Filed	20 UNDERTAKER ADDRESS  Of Leabrease Mardela M.  r. 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the dibrars Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrpreal septichaeture of the American Medicai Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably mia," "Pueneeral peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowio cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



PERMANENT statemen EXACTLY. stated Exa 4 ciassified pe should THIS properly AGE ¥ Z supplied. pe UNFADING шау certificate. carefully that 0 WITH be back should term 0 PLAINL See instructions information plai 5 of infor item OF important. Every H

state Very

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PHYSICIANS RECORD

1 PLACE OF DEATH 8465

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Joym.	and Elliott not named	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
0	MEDICAL CERTIFICATE OF D	EATH
gle	16 DATE OF DEATH (Month)	(Day) (Year)
19/3	17 I HEREBY CERTIFY. That I att	ended deceased from 1913,
(Year) If LESS than day, 2.hrs.	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ove, at 9 4 m,
R.45.min. ?	Primation de	-ch
	(Buration)	rrs. mos. ds.
	Contributory (Secondary)	buch
Elle H	(Signed) B D Queen	yrsds. ds.
·	State the DISEASE CAUSING DEATH, or, in c	leaths from Violenia
	*State the DISEASE CAUSING DEATH, or, in causes, state (1) Means of Injury; and (2 TAL, SUICIDAL, or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	Table 1
/	At place In the of death yrs mos ds. State	
GE .	Where was disease contracted, If not at place of death?  Former or	
/ I	19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL
5	20 UNDERTAKER	1913

PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ۵. 13 BIRTHPLACE OF MOTHER (State or country) 16 REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. vi

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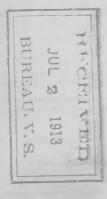
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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—('oal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Purpubal scptichae etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN F

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PLACE OF DEATH 8466	STATE OF MARYLAND
W/( 0 10000 1 0 1/1	CERTIFICATE OF DEATH
County 1/ Commen	Registration Dist. No. 333
Village or City Salsbury (No. 5	Parson Stat.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME MARY 6. Ellis	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOW OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CENTIFY, That I attended deceased from
8 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h & allve on June 4" 1913.
Frage Shoult 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 2 4 m.? The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of Industry.	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER GRAC Landing 11 BIRTHPLACE	(Signed) (Ouration) Took mos
OF FATHER (State or country) Maryland  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER don't Rnow  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,
(Interment). C. A. C.	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Lo comoke Esty Ma 16 Filed June 9 # 1913 N. P. June	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANE 10 330 P.M. POCOMORE Coly Mod June 10 31913
If more hianks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

"Hart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 'Tracmia," "Weakness," such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably cbildbirth or miscarriage. as "Purreman septichae etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic Interstitial nephritis mant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senlie." etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As-"Dropsy," etc. State (name origin; "Candeath), 29 "Exhaustion," Examples: causo for For vio-



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N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Gounty Microsop 8467	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33.2
Village or City I Mulliply (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (HALL 5, 1913, to Hall 6, 1913,  that I last saw hall alive on hall 6, 1913.
occupation (a) Trada, profession, or particular kind of work  it LESS than 1 day, hrs. or occupation (b) Trada, profession, or particular kind of work	and that death occurred on the date stated above, at f. m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  Perturble Ce (State or country)	Contributory (Secondary)
10 NAME OF FATHER JUNES. EMILLE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF TO MOTHER OTHER OTH	(Signed)
OF MOTHER COLL STRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant) The furth of Stutius  (Address) The Market Market	it not at place of death?  Former or usual residence  PPLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKERS Garlow wiland

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, pot mine, etc. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative acalthful Statement of occupation-Precise statement of occupa-Spinner, engineer, Stationary freman, etc. But in many If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," For persons the second (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhota Jever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia quantified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF WILLIAM and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Purprenal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." thenia," "Anaemia" (merely symptomatic), "Atrophy," neut neopiasms); Measles; Whooping cough; Chronic schsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under or HOMICIDAL, or as probably "raemia," "Wcakness," (name origin; "Candeath), 29 State cause for the head Examples: For vio d8. 01



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ING INK-THIS IS A PERMANENT RECORD BINDING BERVED FOR WRITE PLAINLY, WITH UNE MARGIN

PLACE OF DEATH 8468	STATE OF MARYLAND
County Unlower Parson	9 dest #6 Registration Dist. No. 333
Village or City Salury (No. 12)	[If death occurred I a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  18 DATE OF DEATH  (Month)  (Day)  (Year)  1913  1913
(Month) (Day) (Year)	
7 AGE   If LESS th 1 day,	The CAUSE OF DEATH* was as follows:
(h) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Hardening A Arthries + Confederation
OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of dealh  yrs, mos, ds.  State  yrs, mos, ds.
(Informant) And Change	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Amanlila Mal
Files func 12 , 191 3 N P Turne RECISTRAR  RECISTRAR  If more blanks are needed, address State Regis	trar, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative realthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion." Never report Examples: For VIO-



1 PLACE OF DEATH

C	ounty Microssica E469	CERTIFICATE OF DEATH
0	A A . A	Registration Dist. No. 3.3.3
	alalistary in 5- f-	Parson trist [If death occurred in
V	illage or City Author (No. ),	ward) a hospital or institution,
	Allin and Gil	give its NAME Instead of street and number.]
	FULL NAME TUSTON FIC DUE	C.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR, RACE 5 SINGLE, MARRIED, Willower	16 DATE OF DEATH
,	A WIDOWED.	(Month) (Day) (Year)
	Tale   Write the word)	17   HEREBY CERTIFY, That I attended deceased from
o D	ATE OF BIRTH Mal OTH 21-0	Mch 1 1913, to June 18 1913.
	(Month) (Day) (Year)	that I last saw h allve on 18 1913
7 A		and that death occurred on the date stated above, at
	1 dayhrs.	The CAUSE OF DEATH * was as follows:
	6.3 yrs. 3 mos. 6 ds. OR. min.?	(Caresis - with arity
	Trade, profession, or P	Delerons.
	rticular kind of work / Leures / Lerchan	
	General nature of industry, iness, or establishment in	a. r 2
	Ich employed (or employer)	(Ouration) 3 yrs. — mos. — ds.
9 8	IRTHPLACE tate or country)	Contributory (Secondary)
( )	licomeo 60 Ma	(Dwellon) 3 yrs — mos — ds
	10 NAME OF R	(Signed) Jamy Clube
of 11 BIRTHPLACE OF FATHER  OF FATHER		
		(Address) (Villathing
田	110011000000000000000000000000000000000	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL OF THE PROPERTY OF
PAR	OF MOTHER A THE STANDARD	TALL, SUICIDALL, OF HOMICIDAL.
11,	13 BIRTHPLACE NO.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Willamy of Co. Mal	of death yrs mos ds. State yrs mos ds
14-	THE ABOVE IS TRUE TO THE BOST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
	Ella to William	Former or
	(Informant)	usual residence
	(Address) It alistring, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 1004	calisbury No. June 20th, 1913
Fi	18 June 19 1913 N / June	20 UNDERTAKES ADDRESS
6	REGISTRAR	Teo. E. Hell Salisbury
V	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.
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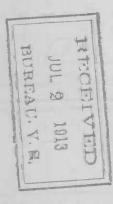
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman." (%)

Statement of cause of death—Name, first, the disease causino death—Is affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

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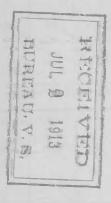
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3.3.3 I'll death occurred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) (Write the word) i HEREBY CERTIFY, That i attended deceased from DATE OF BIRTH (Month) if LESS than 7 AGE that death occurred on the date stated above, at 1 day, O. hrs. OR. D.min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Ouration) ......yrs. ....mos. which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country ...... yrs. ..... mos. .... ds. State ..... yrs. .... mos. Where was disease contracted. It not at place of death? Former or usual residence. PLACE OF BURJAL OR REMOVAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

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CERTIFICATE OF DEATH 0 0 SIGIANS shoul Registration Dist. No. 334 Ilt death occurred in PHYSICIANS a hospital or institution, RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT statemen 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. ERMAN WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from , 1913 to .... classified. ev alive on Same (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: min. ? properly 4. colles ande BOCCUPATION AG (a) Trade, profession, or particular kind of work supplied. (b) General nature of industry, pe business, or establishment in (Duration) may which employed (or employer) ..... Contributory ..... 9 BIRTHPLACE (Secondary) certifica (State or country) + that 10 NAME OF FATHER 80 of MARGIN back tune 2 3, 191 .... (Address) 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER Instructions 1 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE L At place In the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. of infor (State or country State ..... yrs, \_\_\_\_ mos, Where was disease contracted If not at place of death? Former or item OF Every item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER Filed June 23 ADDRESS œ. z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH 8472 PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) B DATE OF BIRTH (Month) (Day) If LESS than 7 AGE 1 day, hrs. OR .... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 72,1913 S Mrs. (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15 REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 334

St:....Ward)

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and number.]

MEDIOAL	OLKIN TOATE OF	PERIII	
6 DATE OF DEATH	June (Month)	(Day)	, 1913.
- 1 11555			
	CERTIFY, That I a		
1	91 3, to Jun		
at I last saw h. M. al	live on Just	15	, 1915
nd that death occurred	on the date stated al	ove, at	150 Am
he CAUSE OF DEATH *			
auri 1	les cols	Z	••••••
	(Ouration)	yrs. m	os 2 Zos
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Signed)	mo Ale	hars	MIN

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HO OR RECENT RESIDENTS)	SPITALS. INSTITUTIONS, TR	ANSIENT
At place of death yrs, mos ds.	In the State yrs mos	d
Where was disease contracted,		

... 191.5

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Lit death occurred in

(Year)

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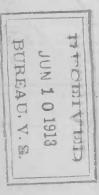
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[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronie cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal schtichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, cte., when a definite disease can be ascertained as the Bronchopneymonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing suicidal, or Homicidal, or as probably (Recommendations on statement of (seeondary or intercurrent) death), 29 ds.; State cause for Never report



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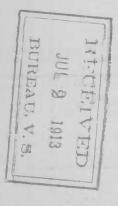
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Turbreeal schilchaeetc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. cause. -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," theula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Injury, as fracture of skull, and consequences (e. g., ACCIDENTAL SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. "Old Age," "Shock." "Traemla," "Weakness." Always qualify all diseases resulting from Mcasles (disease causing "Senile." etc.), (Recommendations on statement of "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for or as probably Never report Examples: For vio-00



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

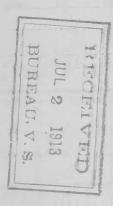
PLACE OF DEATH	STATE OF MARYLAND
County Micomica 847	CERTIFICATE OF DEATH
County Meomici 84	Registration Dist. No. 3.3.3
Village or City Salisbury All (No./	give its NAME Instead
FULL NAME Consel Jant	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month) (Day)	1913 (Year) that I last saw h imalive on Jum 9th, 1913
9 10	LESS than and that death occurred on the day stated above, at
(a) Trade, profession, or particular kind of work	Entero-Watis (Duration) DIASTERNO ds.
BIRTHPLACE (State or country)  Mel	Contributory (Secondary)  Muris Reserved  Mos ds
10 NAME OF Calm Word J Jankin. 11 BIRTHPLACE	(Signet) Bro. M. Frold M. D. Sum. 16', 1913 (Address) Salisbu, M.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Mary & William  13 BIRTHPLACE OF MOTHER (State or country)  Mc	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds
(Intermant) Chylin & Jankins	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Salishty Md	Shad Point - Mel June 11 1913
Files fine 10, 1913 N P. June	20 UNDERTAKER ADDRESS
	rls trar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or Institution. give Its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH allye on .. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ...... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENT OF FATHER (State or country/ \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State \_\_\_\_\_ yrs \_\_\_\_ mos. \_\_\_\_ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or (Intormant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

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> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhanstlon," Never report

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REAU, V. 5 1913

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state.

1 PLACE OF DEATH

· New advance and on	CERTIFICATE OF DEATH
County Wysomics 8477	Registered No.
Village or City Passonsburg (No. 2FULL NAME Huntte Lav	St;Ward)  [If death occurred in a hospital or institution, give its NAME instead ut street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Worden Australia Single, Marrieto, Wisoweo, ORDIVORCEO (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	from 14 , 1913 , to June 2/ , 1913 , that I last saw har alive on June 20 , 1913
7 AGE   If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
(a) Trade, prefession, or particular kind of work	(Ouration) yrs. mos. ds.  Contributory Bear (Secondary)  (Daration) yrs. mos. 7 ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  14 MAIDEN NAME	(Signed) , M. 0
of Mother Mukenown  13 BIRTHPLACE OF MOTHER (State or country)  Mukenown	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT REGIOENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Passonshing  (Address) Passonshing	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS
Filed 1910 REGISTRAR	Mallill Phon Pource

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-"fication, as Day laborer, Farm laborer, Laborer-Coal cated tius: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) (a) the kind of work and also (b) As examples For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "ALample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG: 6 1913

si NOI Registration Dist. No. PHYSICIANS shou fif death occurred in .....Ward) a hospital or institution. RECORD give its NAME instead ot street and number.] <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY PERMANEN statem 3 SEX 16 DATE OF DEATH 5 SINGLE, COLOR OR RACE MARRIED, WIDOWED, ONION (Month) (Day (Year) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH classified. ā 4 M. alive on ./ (Month) (Day (Year) 7 AGE If LESS than v and that death occurred on the date stated above, at Œ 1 day hrs. S was as follows: 0 THI OR ..... min. ? erly BOCCUPATION prope 5 (a) Trade, profession, or particular kind of work. Z ы supplied. (b) General nature of Industry. FRV U business, or establishment in ADIN which employed (or employer) ..... certificate. Contributory BIRTHPLACE ES carefully that It Secondary (State or country) UNF (Duration) 10 NAME OF FATHER 80 jo ZON be back S 11 BIRTHPLACE terms, ARENT should OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 00 CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions o 12 MAIDEN NAME OF MOTHER ormation 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_ Where was disease contracted, WRITE 14 THE ABOVE IS TRUE KNOWLEDGE See If not at place of death? 90 2 Former or OF item usual residence. mportant. ы 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every (Address)..... 15 20 UNDERTAKER ADDRES 1 REGISTRAR areous ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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1 PLACE OF DEATH

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STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second should be taken to report specifically the occupations mine, etc. cated thns: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honschold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: But in many (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic omu, Surcomu, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Courulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcustes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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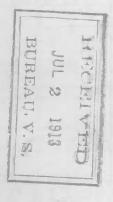
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[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative realthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or indust y; and therefore an Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPERAL septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Naras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mailg The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Never repor Examples: For vio-



M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

V. S. No. 1.

County Liconico 157	STATE OF MARYLAND CERTIFICATE OF DEATH
/illage or City Selman (No	Registration Dist. No
2FULL NAME Not named	Maughten of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
emale Thie Single, MARRIED, WIDOWED, ORONORED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  [ HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month) (Day (Year)	frul / 0, 191 3, to frul 27, 191 3, that I last saw h 21/ alive on frul 21, 191 3
TAGE  2 merks 1 day,hrs. yrs. mos ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs / mos. / ds.
BIRTHPLACE (State or country) Maryland	Contributory January buth Secondary (Duration) yrs mos ds.
10 NAME OF TOMAS Me Laughter 11 BIRTHPLACE	(Signed) 77 3 200 M.D. Lawer Sol
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mayland	At place of death
(Interment) ILLY GELLIAL CONTROLLEDGE	Former or usual residence
Filed 6/29, 1913 W.W. Malon	M. G. Cernetery Cel 6/30, 191. 3 22 UNDERTAKER GM. ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," ctc., without more precise speciit should be used only when needed. As exam (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of uge ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-thus: Farmer (retired 6 yers.) For persons Women at home, who are engaged in the Never rcturn "Laborer," As examples: But in many "Foreman," (6)

pnenmonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pnenmonia." unqualified, is indefinite): Tubercu-"Croup";) term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc., Typhoid fever (never report "Typhoid

> mia," "PUERFERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marus genital," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valentar heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma. etc., of..... (name origin; "Can thre of the American Medical Association.) "Contributory." sepsis, tetanns) injury, as fracture of skull, and consequences (e. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Brouchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent)

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

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penal.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN . No.

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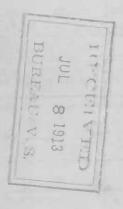
PLACE OF DEATH 8481	STATE OF MARYLAND	
County Naconnec	CERTIFICATE OF DEATH	
1 . 1	Registration Dist. No. 334	
*FULL NAME Sand MEssich	St.; Ward)  [If death occurr a hospital or instite give its NAME ins of street and number	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED,	16 DATE OF DEATH 9 , 1912	
Lande Colored (Write the word)	(Month) (Day) (Year)	
6 DATE OF BIRTH		
from 12, 1912		
7 AGE (Month) (Day) (Year)	that I last saw h alive on	
7 AGE II LESS than 1 day, hrs.	The state of the state above, at	
yrs. 10 mos. 27 ds. OR min.?	The CAUSE OF DEATH * was as follows:	
OCCUPATION (a) Trade, profession, or particular kind of work	Afad no both	
(b) General nature of industry,	Charles	
business, or establishment in which employed (or employer)	Measels (Duration) yrs. mos.	
9 BIRTHPLACE (State or country)	(Secondary)	
10 NAME OF Lyce Hudson	(Signed) Constitution yrs mos of the state o	
11 BIRTHPLACE	June 9 191 3 (Address) Salshy he	
Z (State or country)    12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
of MOTHER Pearl MESsiek	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSPORT	
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos d	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant D. Evare Massierr	Former or usual residence	
(Address) Sulisbrug Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15	20 UNDERTAKER Salistry June 10, 1913	
Filed June 9" 1913	Hallone and 400 PRESS	
If more blanks are needed, address State Regis trar, 6	& E. Franklin St. Reito Populating V. S. No.	
li mort orange and arrange market larger train, o	Me St., Daito., Regirenting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oa) "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age been changed or given up on account of the DISEASE gainfully employed, as At school or At home. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or indust;; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, The question "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

chlidbirth or miscarriage, as such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con Bronchopncumonia (secondary), 10 ds. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing "Senile." (Recommendations on statement of may be stated under the head of etc.), "Dropsy," "Exhaustion," "PUERPERAL scptichac-(name origin; "Candeath), 29 ds. Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

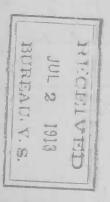
1 PLACE OF DEATH	STATE OF MARYLAND
County Mulomila 8482	CERTIFICATE OF DEATH
12 0 6 1	Registration Dist. No. 3.3.3
Village or City Frutland (No. 13,	St: Ward) [If death occurred In a hospital or Institution,
FULL NAME Infant of	Elward Miles give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  DM Jule 11. 1913, to Jule 1 # , 1913.
(Month) (Day) (Year)	that I last saw her allve on Jeere 11 # ,1913
7 AGE If LESS than 2 10 1 day, hrs.	and that death occurred on the date stated above, at
yrsmos,ds.   QRmin. ?	
8 OCCUPATION  (a) Trade, profession, or particular kind of work	Contributory (Secondary)
10 NAME OF FATHER	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Mary Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
M 12 MAIDEN NAME OF MOTHER Rathel Holenson	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Informant (Informant)	Where was disease contracted, if not et place of death?  Former or usual residence
(Address) / halldred	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed form 11# 1913 N P June REGISTRAR	20 UNDERTAKER ADDRESS  4. H. MUON Salt lung
If more blanks are needed, address State Regis trar,	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of ago. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

mus," childbirth or miscarriage, as "Purrement septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . "Contributory." "Collapse." "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

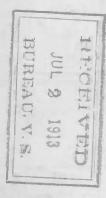
PLACE OF DEATH	STATE OF MARYLAND
County Willowillo 8483	CERTIFICATE OF DEATH
be- 9 -1 . 1	and close Registration Dist. No. 233
Village or City Hauthand (No. 13.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME / Mfan of	Olwood Mills et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemales a, a Single, MARRIEO, WIDOWEO, OR ON ORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Chil 2 , 19/3 (Month) (Day) (Year)	Did not 1 Heleo alwr ,191, that I last saw her alive on ,191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
OCCUPATION  (a) Trade, profession, er particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE	(Signed)  State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, etate (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) El Wood fliles  (Address) A Millond  15 Filedense // 1913 N P Jumn	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER  APDRESS
REGISTRAR  If more blanks are needed, address State Registrar	r, G. B. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "A" ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Accidental drowning; Struck by railway train-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 State cause for "Exhaustion," Never report Examples: For vio-



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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

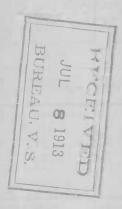
PLACE OF DEATH  Sounty Phiconics 8484	STATE OF MARYLAND CERTIFICATE OF DEATH
Olelards	Registration Dist. No.
FULL NAME Pilliam Ga	St.; Ward) a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married or DATE OF BIRTH  4 COLOR OR RACE SINGLE, MARRIED, Murried ORDIVORCED (Write the word)	(Month) (Day) (Year)  1 HEREBY CERTIFY, That I attended deceased from
(Mouth) (Day) (Year)	that I last saw h. smallve on May 28 1913.
7 AGE  11 LESS than 1 day,hrs. 0Rmln.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Jeaches of Vocal Music.  (b) General nature of Industry,	Chronic balular Haut troops
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Officiality  Country	Contributory (Secondary)
on 11 BIRTHPLACE  On 11 BIRTHPLACE  On 12 BIRTHPLACE	(Signed)
OFFATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Elma Hadder	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Cary	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
(Informant) Groves Me BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Pellando Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  PROPERTY HARDON JUNE 4 1913
Filed	willards

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the distant Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers miner etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age essary to know Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative kealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) (a) the kind of work and also (b) Salesman, As examples: For persons the second (4)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

childbirth or miscarriage. as "Purperal scottchae cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thepia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. neat neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inaultion." "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mails Sarcoma. etc., of The contributory (secondary or intercurrent) Revolver wound of head-homicide; Potsoned "Old Age," "Shock," 'Traemia," "Wcakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Drcpsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Never report Examples: 20



No.

30

1 PLACE OF DEATH state Very 8485 (0) pinous PHYSICIANS shou (No. PERSONAL AND STATISTICAL PARTICULARS statement S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO. OROIVORCED (Write the word) 6 DATE OF BIRTH ciassified. (Day) (Month) (Year) It LESS than 7 AGE 1 day hrs. mos. properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in pe may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it i 10 NAME OF FATHER ō back 11 BIRTHPLACE terms. PARENT OF FATHER (State or country) 0 12 MAIDEN NAME of information DEATH in plain See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14THE ABOVE IS TRUE Hem OF Every Item CAUSE OF Important. 15 Filed alue 1" 0 REGISTRAR ż

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

	MEDICA	L CERTI	FICATE C	F DEAT	гн	
16 DATE O	F DEATH	Ju	(Month)	·············	Day)	, 191-3
17	1 HEREB	Y CERTI	FY, That	1 attend	led dec	eased from
***************************************	************************	191, to	s	*************		, 191 .
that I last s	aw h	alive on				, 191
and that de	ath occurred	on the d	ate state	d above,	at	m.
The CAUSE	OF DEATH	* was as	follows:			
The	is Ce	Re,	free	1 1	med	ucto
and	Sh	en el		not	he	d
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die	I in	157	uration)	VIS.	- A	es ds.
	itory.	1 -	ar 7	6	w	
			uration)	yrs	m	os ds.
(Signed)	011		lone	ut	5	M. D.
1	.2., 19/03.	(Address)	·Su	a	<b>ر</b>	m
CAUSES, S	the DISEASE (tate (1) MEA	ANS OF IN	DEATH, OR	, In deat	hs from	VIOLENT ACCIDEN-
16 LENGTH	OF RESIDE	NCE (FOR	HOSPITALE	s. Institu	TIONS,	TRANSIENTS,
At place			In the			
	yrs, mo		. State	yrs.	A	10s ds
	of death?					
Former or						

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usuai residence

20 UNDERTAKER

., 191.3

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinospinal sindefinite)

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. childblrth or mlscarrlage, as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanithon," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. "PUERPERAL peritonitis," etc. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH 8486 CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Dav) (Year) If LESS than 7 AGE 1 day, ... hrs. // mos. /4 ds. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory delmon (Secondary) (State or country) 10 NAME OF FATHER (Signed)

> REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Reduesting V. S. No. 1.

and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows (Duration) (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL

June

[If death occurred in

a hospital or Institution.

give its NAME Instead of street and number. 1

11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

OF MOTHER (State or country

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons "Foreman,"

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING V S FOR WITH UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY,

No. **80** 

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Village or City Dearth 8487  County Maconneco  Village or City Dearth (No. Piles	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33  [it death occurred in a hospital or institution, give its NAME instead of atreef and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I		
TAGE  TAGE  TAGE  TAGE  TAGE  TAGE  TAGE  TOUSERUSE  TOUSERUSE  TOUSERUSE  TOUSERUSE  TOUSERUS  TOUSERUS	that I last saw h alive on 191 and that death occurred on the date stated above, at 4 m.  The CAUSE OF DEATH* was as follows:		
9 BIRTHPLACE (State or country)  10 NAME OF FATHER GED GETTLES  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed  16 more blanks are needed, address State Registran	Contributory (Secondary)  (Secondary)  (Duration)  (Sign of)  State the Disease Causing Death, or, in deaths from Violent Causen, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mes. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS  Barracocc  Barracocc  ADDRESS  Barracocc  Barracocc  ADDRESS		

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS RECORD RMANENT PE pe P O INK × supplied. UNFADING pe pinous Information WRITE 00 Item

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state Very pinous OCCUPATION 10 statement classified. properly pe may certificate. = that 20 0 terms, n back plain Instructions = EATH mportant. Every It

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 fit death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX nno MARRIED. WIDOWED. (Month) (Day) (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, a 1 day hrs. was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) . I. M. U.S. 9 BIRTHPLACE (State or country) (Secondary) muco 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," Atc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Tneumonia," unqualified, is ludefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. childbirth or miscarriage, as "Puraperal septichae Cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Mcdlcal Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver recound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." 'Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT BINDING PLAINLY, WITH UNFADING INK-THIS IS A FOR MARGIN RESERVED WRITE F. S. No. 1.

PLACE OF DEATH	0.400	STATE OF MARYLAND
The ment of	8489	CERTIFICATE OF DEATH
County 112 Count Co		Registered No.
Village or City Lear Mana	lela (No.	St.; Ward)  [It death occurred is a hospital or institution give its NAME instead
FULL NAME Cole.	as. Polk	of street and nomber.]
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLON ON HACE	INGLE,  MARRIED,  MIDOWED,  MIDOWED,  MIDOWACTD  Trite the word)	(Month) (Day) (Year)
8 DATE OF BIRTH March		that last saw h in alive on June 10 1913
7 AGE	(Day) (Year)  If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
BOCCUPATION	ds. ORmin.?	apoplety
(a) Trade, profession, or Francisco particular kind of work	ur	
(b) General nature of Industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)		Contributory (Secondary) (Deration) Yrs. mos. ds.
10 NAME OF Thillian	n Polk	(Signed) A.C. Comanay, M.D.
OF FATHER (State or country)		State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  2 MAIDEN NAME	7	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	Remover	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
	F MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Melson, To	'. / 4	Former or usual residence.
(Address) Mardel	a ejarings	Col Church Jame 13th, 1813,
Filed, 191	REGISTRAR	20 UNDERTAKER ADDRESS Mandela, Md
If more blanks are need	ded, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grogery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid funcumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpress septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Gollapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of or Homicidal, or as probably (name origin; "Can-"Exhaustion," Never report Examples: For VIO-



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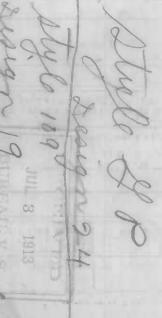
STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in dozuestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day Moorer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the As examples: For persons (0)

Statement of cause of death—Name, first, the nibeable causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

SENT DEATHS State MIANS OF INJURY and quality as ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Candeath), 29 ds.; State cause for Never report Examples: For VIO-



CERTIFICATE OF DEATH SICIANS shoul Registration Dist. No... Ilf death occurred in St.:...Ward) a hospital or institution. RECORD give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS N N 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. 1913 RMAN WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH PE (Year) (Month) (Day) 7 AGE tt LESS than and that death occurred on the date stated above, as 1 day, ... hrs. cla The CAUSE OF DEATH \* was as follows: ds. OR .... min. ? proper 6 OCCUPATION (a) Trada, profession, or particular kind of work. supplied. (b) General nature of industry. business, or establishment in which ampioyed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) certifical (State or country) 10 NAME OF (Signed) FATHER of back 11 BIRTHPLACE (Address)... TI S. L OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENno 04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER 4 Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. mos. ..... ds. State ..... yrs, ..... mos. .... ds I AT Where was disease contracted. 14 THE ABOVE IS TAUE if not at place of death? of DE Former or Item OF usual residenca mportant. ш DATE OF BURIAL Every 15 20 UNDERTA ADDRESS 0 z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

PLACE OF DEATH

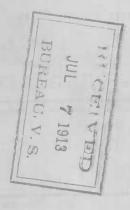
STATE OF MARYLAND

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar descending Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPEEAL peritonitis," etc. mus," "Old Age," "Shock," 'Tracmia," "Weakness," genital," "Senile," etc.). ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreman scottchaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (merely symptomatic), "Atrophy," "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds... State cause for Examples:



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

V. S. No. 1.

N. B.

PLACE OF DEATH  County Thousand 8492	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 336
Village or City Deliner (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
FULL NAME & MINUS & LIST	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 6 2 , 1913 (Month) (Day (Yent)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Pay (Year)	that I last saw h. 26 , 1917
7 AGE  1 LESS than 1 dayhrs. 9 yrs. mds. ds./ ORmin.?	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work.  (b) General nature of indusfry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Isi facial Punalia
10 NAME OF FATHER JUNIOUS SUITLIFE OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME J	(Signed) , M. D.  (Signed) , M. D.  (Signed) , M. D.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Helsming lin Della 15 Filed June 28, 1913 If June 1 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  That tour discussing June 30, 191 B. 20 UNDERTAKER  ADDRESS  MARS LACE  Dela Control of BURIAL  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the oecupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (6)

CAUSING DEATH (the primary affection with respect to pneumonia"); fever (the only definite synouym is "Epidemie eereterm for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted ("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Diphtheria (avoid use of Typhoid fover (never report "Typhoid Lobar meninges, peritonaeum, etc., unqualified, ls indefinite): Tubercupneumonia; Bronchopneumonia Carcin-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia ture of the American Medical Association. cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig The eontributory (secondary or intercurrent) totanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations ou statement of (secondary), 10 ds. Never report State cause for For vio-



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PLAGE OF DEATH 8493 STATE OF MARYI	
County // (cornic)  Registration Dist, N	
Village or City Salisbury (No. 5 Parson &ist Ward)  2FULL NAME Milmer Liner Lighman	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	ATH
Male Source of Birth  4 COLOR OR RACE  MARRIED, Married  Wild Wild Word  (Month)  17  I HEREBY CERTIFY, That I atter  A DATE OF BIRTH	(Day) (Year)
(Month) (Day) (Year) that I last saw h alive on	
AGE It LESS than and that death occurred on the date stated above	e, at 4 am.
34 yrs. 0 mos. 22 ds. OR. min.?  The CAUSE OF DEATH* was as follows:  Killed by hein.	Princh
(a) Trade, profession, or particular kind of work afammber Harmfacturer	
(b) General nature of industry, business, or establishment in which employed (or employer)  (Duration)  yrs	sds.
(Secondary)	enman
10 NAME OF FATHER George Tilghman (Signed) Henry O. Warre	sds.
11 BIRTHPLACE OF FATHER (State or country)  Wicomicolo. Mol  *State the DISEASE CAUSING DEATH, or, in dee CAUSES, state (1) MEANS OF INJURY: and (2)	aths from Violenam
TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTE OF MOTHER AND A 18 LENGTH OTHER AND A 18 LENGTH OT	
13 BIRTHPLACE OF MOTHER (State or country) Mcomol Co. Md At place of death yrs ds. State yr	rs mos ds
(Informant) Shortes In The BEST OF MY KNOWLEDGE  Where was disease contracted, If not at place of death?  Former or usual residence	
1 8 8 1 0 011 19-1-1-1	TE OF BURIAL W.
	ORESS
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.	elisbury

[Approved by U. S. Census and American Public Health Association.]

- Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('aa) statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative sealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid decumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childhirth or miscarriage, as "Purspural septichac etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 State cause for Never repor Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED T. S. No. 1.

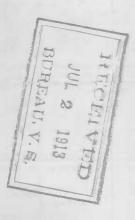
PLACE OF DEATH 8494 & Such	STATE OF MARYLAND
county allieone for and Lat	EAR CERTIFICATE OF DEATH
1 10 aust	Registration Dist. No. 33.3
Village or City Salisbury (No. P.G.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number, ]
*FULL NAME and	1 Resolv
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
finale a. a. Bingle, Morrison (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  12  I HEREBY GERTIFY, That I attended deceased from
S DATE OF BIRTH	May 14, 1913, to Juce 11, 1913,
(Montb) (Day) (Year)	that I last saw h & alive on June 11, 1915
TAGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12.36m, The CAUSE OF DEATH* was as follows:
	The GAGGE OF BEATTY Was as follows:
(a) Trade, profession, er	Mulmitis
particular kind of work	Aranay absours
business, or establishment lo which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF PATHER DOLLAR SALES	(Signed) QBBurne M. D.
on 11 BIRTHPLACE	Jul 12 , 1913 (Address) Adlestury Ms
State or country) Mary Cand  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Maryall dakens	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds_
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) John Wroden	Former or usual residence
(Address) Dalinling ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Aune 12 Fine Noteman	20 UNDERTAKER ADDRESS
Filed 1913 REGISTRAR	A Theyrant Sale alune
If more blanks are needed, address State Registra	r 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc.. Carcinoscia

childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory tetanus) may he stated under the head Always qualify all diseases resuiting "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can death), 29 "Exhaustion, Never report Examples: For viod8.



WRITE PLAINLY, WITH

No. 02

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PHYSICIANS should state of OCCUPATION Is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. CAUSE OF I Important.

PLACE OF DEATH

8495

### STATE OF MARYLAND CERTIFICATE OF DEATH 33

Registration Dist. No...

Village or City yasku (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIGOWED, WIGOWED, WIGOWED, WIGHER (Write the word) 6 DATE OF BIRTH  (Month) (Day (Year)	16 DATE OF DEATH  (Month)  (Month)  (I) ay  (Year)  1 HEREBY CERTIFY, That I attended deceased from  2 1913, to have 5 th, 1913,  that I last saw h LL alive on James 5 th, 1913.
TAGE  If LESS than 1 day,hrs. ORmin.?  COCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  A 1	(Signed)
13 BIRTHPLACE OF MOTHER (State or county)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWGEDGE (Informant)  (Address)  (Address)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death? Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  JANKIN 191.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Flanklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "lnauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mitten in lease

SEP 8 1913

Registration Dist. No. OCCUPATION If death occurred in YSICIANS St.:....Ward) a hospital or Institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, OV AN WIDOWED, EXA (Month) ORDIVORCED (Day) (Year) RM (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH Ш . 191 . to (Year) (Month) (Day) if LESS than TAGE ciassi and that death occurred on the date stated above, at 1 day, .... hrs. \* was/as follows ... min. ? properly 8 OCCUPATION AG (e) Trede, profession, or particular kind of work ... (b) General nature of Industry, pe business, or establishment in Duration) may which employed (or employer) DIN Contributory 9 BIRTHPLACE (Secondary) carefully that it certifica (State or country) (Duratten) 10 NAME OF FATHER (Signed) of back S 11 BIRTHPLACE terms, K OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Volume (State or country Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME of Inc.
DEATH in pr. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State ..... yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF If not at place of death? Former or Every item CAUSE OF important. usual residence. 19 PLACE OF BURIAL OR 15 ADDRESS m REGISTRAR Z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

Very

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Uealth
Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or 4t home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative sealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," But ln many "Foreman," (%)

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If this certificate is looked over thoroughly and all greations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HFCEIVED

JUL 11 1913

BUREAU, V.S.

ICATE OF DEATH Registration Dist. No. OCCUPATION If death occurred in a hospital or institution. RECORD give Its NAME Instead of street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS N I EXACTL 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, P ERMAN WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HERENY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ciassified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. o 1 day, hrs. OR ... min. ? properly BOCCUPATION ō (a) Trade, profession, or narticular kind of work. supplied. (b) General nature of Industry, be business, or establishment in (Duration) may DIN which employed (or employer) certificate. Contributory 9 BIRTHPLACE (Secondary) (State or country) 44 10 NAME OF FATHER (Signed) of ğ S back 11 BIRTHPLACE terms, ENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain PA OF MOTHER information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of infor (State or country) Where was disease contracted 96 usual residence. mportant. Every II DATE OF BURIAL 15 1913 ADDRESS 00 Z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

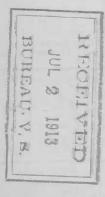
PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho receive a definite saiary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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OCCUPATION

PHYSICIANS

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h ..... allve on .... (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: mos. 2 ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory ..... (Secondary) 10 NAME OF FATHER back S 11 BIRTHPLACE (Address) ARENT \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country). ..... yrs. ..... mos. ..... ds. State ..... yrs, .... mos. Where was disease contracted, of DE/ If not at place of death? Former or Every item CAUSE OF important. usuai residence...... 15 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," The question "Foreman." The (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) childbirth or miscarriage, as "Puerpenal septichaeoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclasepsis, letanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earholic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably mia," "ITERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Traemia," "Weakness," Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial rephritis nast neoplasms); Measles; Whooping cough; Chronical "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing "Senile." (Recommendations on statement of etc.), "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. Never report Examples: For vio-

